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APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/836,299	04/18/2001		Naoko Iwami				7838	
TITLE OF INVENTION	: VOICE COMMUNICA	ATION SYSTEM AND V	OICE COMMUNICATI	ON METHOD				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/08/2006	
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	SS				
PATEL, AJIT		2616	370-352000	_				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys MATTINGLY, STANGER,					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, MALUR & BRUNDIDGE, P.C					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	/pe)				
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	T a substitute for filing a	assignment.			ocument has been filed for	
(A) NAME OF ASSI		•	(B) RESIDENCE: (CIT	B) RESIDENCE: (CITY and STATE OR COUNTRY) 55 60234850 03675259				
Hitachi, Ltd.			Tokyo, Ja	Japan D. Faster Section Section Co.			8 12 2 5 6 6 6 7 6 6 7 6 7 6 9 6 9 6 9 6 9 6 9 6	
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent) :	Individual 🗓 Co	orporatio	n or other private gro	up entity Government	
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Ple	ase first reapply a	ny previo	ously paid issue fee s	hown above)	
Issue Fee			A check is enclosed.					
Advance Order -	No small entity discount	permitted)	AThe Director is hereb	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
	-		overpayment, to Dep	osit Account Numb	er50	1417 (enclose an	extra copy of this form).	
5. Change in Entity Sta a. Applicant claim	tus (from status indicate s SMALL ENTITY state		☐ b. Applicant is no lo	nger claiming SMA	LL ENTI	TY status. See 37 CF	R 1.27(g)(2).	
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Authorized Signature				Date <u>Dec</u>	ember	7, 2006		
Typed or printed nam	e Shrinath Ma	lur		Registration N	lo. <u>34</u>	,663		
This collection of inform	nation is required by 37 (CFR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or	retain a benefit by t	he public	which is to file (and	by the USPTO to process)	

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